

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

waltham st

cherry st

Unit 1

Unit 2

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

ON 7-5-19 AT APPROX. 1447HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CHERRY AND WALTHAM ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON WALTHAM ST. AS HE PASSED CHERRY ST. HE WAS HIT IN THE LEFT SIDE BY VEHICLE #2 WHO WAS ENTERING THE TRAFFIC LANE. VEHICLE #2 STATES SHE WAS TRAVELING E-BOUND ON CHERRY AND STOPPED AT THE STOP SIGN. SHE STATES SHE WAS PREPARING TO GO LEFT ONTO WALTHAM ST. SHE LOOKED TO HER RIGHT AND SAW VEHICLE #1. SHE STATES HE BEGAN TO SLOW DOWN AND SHE THOUGHT HE WAS LETTING HER ENTER ONTO WALTHAM ST. DRIVER STATES WHEN SHE REALIZED HE WAS NOT LETTING HER ENTER THE TRAFFIC LANE IT WAS TOO LATE TO AVOID HITTING VEHICLE #1. VEHICLE #1 HAD LEFT SIDE DAMAGE. VEHICLE #2 HAD FRONT RIGHT SIDE DAMAGE. BOTH VEHICLES WERE OPERATIONAL AND NEITHER ONE WAS TOWED. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS P WALSH **NEWTON POLICE DEPT** **07/05/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

